

## Foster Family Home - Corrective Action Report

Provider ID: 1-620569

Home Name: Monaliza Asuncion, CNA

Review ID: 1-620569-6

94-819 Kaaka Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 3/21/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made 3/21/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/21/19. Completed 3/22/2019

### Foster Family Home

### Personnel and Staffing

[11-800-41]

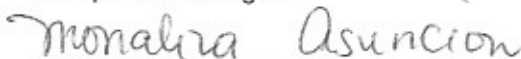
41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

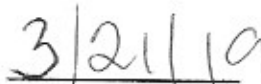
41.c CG#2 8 hours of in-service hours not completed for 2018, 7 out of 8 hours were completed.



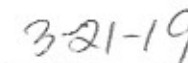
Compliance Manager



Primary Care Giver



Date



Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **MONALIZA ASUNCION**

CCFFH Address: **94-819 Kaaka St, Waipahu Hawaii 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.c	CG#2 will attend in service training provided by Adult Foster home care Association of Hawaii @ Grill City Waipahu.	04/11/19	PCG will make sure that all her SCG'S have 8 hrs inservice training by the end of a calender year.PCG will put a note on the calendar and on their files.  PCG will remind SCG's that Blood borne pathogen's are not counted as an inservice training.

Primary Caregiver's Signature:

Monaliza Asuncion

Print Name: Monaliza Asuncion

Date of Signature:

4-1-19